

Case Number:	CM14-0196077		
Date Assigned:	12/04/2014	Date of Injury:	11/28/2011
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old male with date of injury of 11/28/2011. The listed diagnoses from 11/13/2014 are: 1. Cervical sprain/strain 2. Cervical radiculopathy 3. Lumbar sprain/strain 4. Lumbosacral radiculopathy. According to this report, of the patient is status post right L3 - L4 and right L5 - S1 lumbar micro decompression procedure from 10/31/2014. The wound has healed well and there is no sign of an infection. Patient states that his radiculopathy has improved after surgical intervention; however, he does complain of residual lower back pain and weakness in the legs. He presents with an antalgic gait and uses a cane for ambulation. He has difficulty with his activities of daily living along with difficulty with prolonged periods of standing sitting or walking lifting pushing pulling squatting kneeling and stooping. The examination shows spasm, tenderness, and guarding in the paravertebral muscles of the lumbar spine. There is decreased range of motion. Treatment reports from 05/21/2014 to 12/01/2014 were provided for review. The utilization review modified the request on 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zofran ODT 8 mg #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Ondansetron (Zofran)

Decision rationale: This patient presents with low back pain. The patient is status post right L3 - L4 and right L5 - S1 lumbar micro decompression from October 31, 2014. The physician is requesting ZOFRAN ODT 8 mg quantity 15. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines do not support antiemetic for nausea and vomiting due to chronic opiate use. Specifically, Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, following surgery, and for acute use for gastroenteritis. The records do not show a history of Zofran use. The report making the request is missing. UR certified #2 given the patient's scheduled surgery. In this case, while there is no discussion of nausea and vomiting due to chronic opiate use, the patient is post micro decompression and ODG does support the use of Zofran following surgery. The request IS medically necessary.

20 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: This patient presents with low back pain. The patient is status post right micro decompression from 10/31/2014 and postsurgical guidelines do apply. The physician is requesting 20 Physical Therapy Sessions. The MTUS guidelines page 25 and 26 for discectomy and laminectomy (decompression) recommend 16 visits over 8 weeks. The records do not show any post-operative physical therapy reports. The utilization review modified the request to authorize eight sessions of physical therapy. In this case, MTUS supports post-operative physical therapy up to 16 sessions. The treating physician has requested physical therapy treatment in excess of the Post-Surgical Treatment Guidelines and the UR has authorized an initial 8 sessions for the patient to begin post-surgical rehabilitation. The request is not medically necessary.